



CLIENT HISTORY FORM

Personal Information

Name: _____ Certificate Number _____

Address: _____

Phone: _____ e-mail: _____

Pilot Certificate Type (check all that apply):

Private ___ Commercial ___ ATP ___ (**CFI** ___ ASEL ___ AMEL ___ INST ___)

Ratings (check all that apply):

ASEL ___ ASES ___ AMEL ___ AMES ___ INSTRUMENT ___ ROTOR ___

Flight Experience:

Total Time _____ Last 12 Months _____ Last 6 Months _____ Last 90 Days _____

Total Tailwheel Time _____ Last 12 Months _____ Last 6 Months _____ Last 90 Days _____

Aircraft Experience:

Aircraft types you fly (last 24 months) _____

Tailwheel types you've flown _____

Aircraft used most often: _____

FAA Medical Type _____ Date of examination _____ Last BFR Date _____

Include a copy of your Pilot Certificate(s) and Medical Certificate: